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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

### Complete if Known

<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>	Application	10/602,854	
	Filing Date	June 25, 2003	
	First Named Inventor	Louis A. Stilp	
	Examiner Name	Jennifer A. Stone	
	Art Unit	2636	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	182685-0009 (formerly RFID-0107)
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$455.00)	

### METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 502951 Deposit Account Name: Stradley Ronon Stevens & Young, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee(\$)	<u>Small Entity</u> Fee(\$)	Fee(\$)	<u>Small Entity</u> Fee(\$)	Fee(\$)	<u>Small Entity</u> Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

Fee Description	Fee(\$)	<u>Small Entity</u> Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee(\$)</b>
_____ - 20 or HP = _____ x _____ = _____ \$		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee(\$)</b>
_____ - 3 or HP = _____ x _____ = _____ \$		
HP = highest number of independent claims paid for, if greater than 3.		

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

#### 4. OTHER FEE(S)

Request for Continued Examination (RCE)	<b>Fee Paid (\$)</b>
	<b>\$395.00</b>
Extension of Time Fee (One Month)	<b>\$ 60.00</b>

#### SUBMITTED BY

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Name (Print/Type)	Kevin R. Casey	Date	July 21, 2005		